

Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

FILED
U.S. DISTRICT COURT
DISTRICT OF WYOMING

UNITED STATES DISTRICT COURT

2022 MAY 17 PM 1:47

for the
District ofMICHAEL BOTKINS, CLERK
CASPER

Division

Case No.

22 CV 113-KHR

(to be filled in by the Clerk's Office)

Kurt A. Downing Sr

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

LOUIS DeJoy
Post Master General
United States Postal Service
Field Areas and Regions Agency

Defendant(s) SEE ATTACHED

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name Kurt A. Downing Sr
 Address 253 S. Linnok Casper
Casper WY 82601
City State Zip Code
 County Natrona
 Telephone Number 307-259-3182
 E-Mail Address Bemo27@OUTLOOK.COM

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name Shawn Stotts
 Job or Title (if known) Post Office Operations Manager 5
 Address 411 N FOREST (A)
Casper WY 82609
City State Zip Code
 County NATRONA
 Telephone Number 307-277-1696/307-331-4449
 E-Mail Address (if known) _____
☐ Individual capacity ☒ Official capacity

Defendant No. 2

Name James Dunlap
 Job or Title (if known) Labor Relations Manager
 Address 7550 E 53RD
DENVER CO 80217
City State Zip Code
 County (NATRONA) CO/WY District
 Telephone Number 970-988-9614
 E-Mail Address (if known) _____
☐ Individual capacity ☒ Official capacity

Defendant No. 3

Name

Job or Title (if known)

Address

County

Telephone Number

E-Mail Address (if known)

Corey Stibley
 Manager Mail Processing
 4800 Converse Ave
 City State Zip Code 82009

☐ Individual capacity ☒ Official capacity

Defendant No. 4

Name

Job or Title (if known)

Address

County

Telephone Number

E-Mail Address (if known)

Myrna Rashinski
 (NAPS) AREA Vice President AREA 15
 21593 E. Layton Dr
 Aurora CO 80015-6781
 City State Zip Code

☐ Individual capacity ☒ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☒ Federal officials (a *Bivens* claim)

☐ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

4th and 5th Amendm^{ts}
 Amendm^{ts}

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed. *SEE ATTACHMENT*

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur?

*United States Postal Service
411 N Forest CASPER WY 82609*

- B. What date and approximate time did the events giving rise to your claim(s) occur?

Started Aug 2019

SEE ATTACHMENT TIMELINE

- C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

*Never Allowed Interviews for advancement
Accused of RAPE no due process told to
move on without closure. Expected
to return to work like nothing happened.
Out on medical stress Apr 2020 until
Forced to Retire*

SEE TIMELINE

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

MENTAL - Increased PTSD
Stress.
Isolation from outside engagement

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Understand why no Investigation? P
Annual leave -
Sick leave -
Postal Bill
Military buy back
Pain & Suffering -

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 5.17.2022

Signature of Plaintiff

Printed Name of Plaintiff

Kurt A Downing

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address